BINDING

FOR

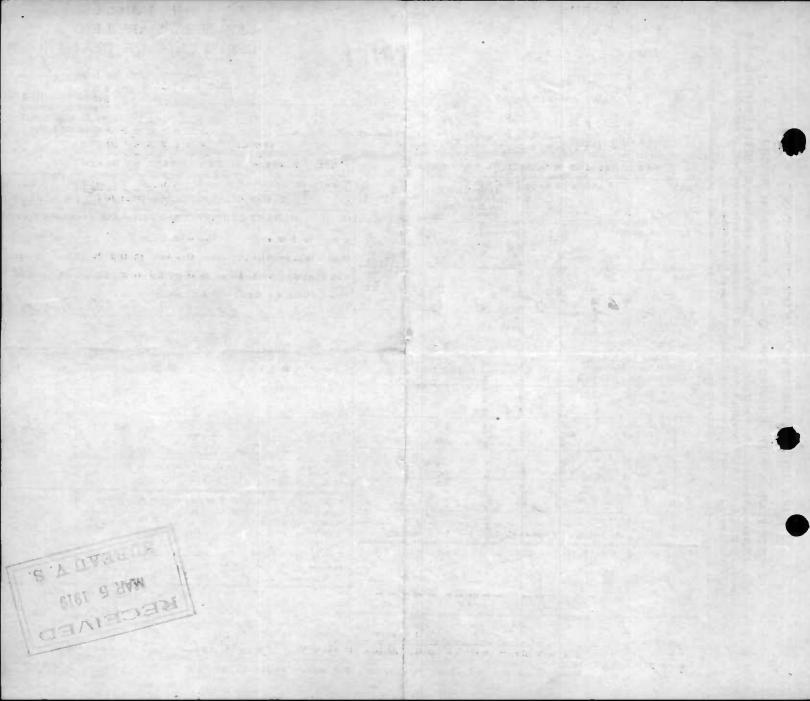
RESERVED

MARGI

1 PLACE OF DEATH

County woreslers 0316	CERTIFICATE OF DEATH  Registration Dist. No. 35/
Village or City Drowysice md (No., alle	St.; Ward) [it death occurred in a hospital or institution,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Color or race 8 SINGLE MARRIED, Married OR DIVORCED (Write the word)	18 DATE OF GEATH  (Month) (Day) (Yest)  17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	, 191, to
7 AGE (Month) (Day) (Year)	that I last saw h alive on 191 , and that death occurred on the date stated above, at 7
8 OCCUPATION (a) Trade, profession, or	The CAUSE OF DEATH & Was as follows: The Chyorolen
(b) General nature of industry business, or establishment in which employed (or employer)	(Burellen) yrs. mos. ds.
State or country)	Secondary  (Burellon) Ors Ones 4.
10 NAME OF Elsie allen	(Signed to 1919 (Address) Short Hill Ma
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIPAL OR HOMICIPAL.
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) Workship & md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ef deethyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease centrasted,  If net et place of deeth?
(lotorment) & frankolle allen	Fermer er usual residence
(Address) New arts md 15 Filed 2/4, 1919 LERoy Built REGISTRAR	le cdan chapple Bernloy 7 1 5, 181.7
	18 W. Saratoga St., Balto., Requesting V. S. No. 1

STATE OF MARYLAND



Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS, should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING 2 FOR RESERVED UNFADING ARGIN

Z B

PLACE OF DEATH

Cour	nty May enstra (131	65 91 CERTIFICATE OF DEATH
	WITHIN CO TORATE LIMITS OF	Registration Dist. No.
Villa	ge or City Ownoke (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Aule - White or Nord)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY. That Tattended deceased from
6 DA	THE OF BIRTH  July 2/ 1915  (Month) (Day) (Year)	that I last saw have alive on Auto 2 de 1919
7 AG		and that death occurred on the date stated above, at
	yrs, 6 mos, / ds.   OR min.?	The CAUSE OF DEATH * was as follows:
B (2	CCUPATION a) Trade, profession, or at Home inticular kind of work	Lancho-Mourons
O (b	b) General nature of industry usiness, or establishment in hich employed (or employer)	(Duration) yra, moa.
	(State or country) Eymore. Va	Secondary Secondary (Buratler) 754 5000
	10 NAME OF BRANK Becktel	(Signed) / (Signed) "
RENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causino Death, or, in deaths from Violenti Causes, state (1) Means or Injury; and (2) whether Accidental.
PAR	OF MOTHER Mellie Thosaro	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)  13 Ca.	At place in the of deathyrsmosda. Stata,yrsmos
14 T	(Informant) Frank Beekth	Where was disease contracted,  If not all place of death?  Fermar or asual rosidence
15	(Address) Pocomoke Estor Mds	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  N. E. Celledy Poromoto 2/10, 191
Fil	led 2 9 , 1919 CO SAL-ON PREGISTRAR	Hurney Mm Christian
		TO THE COLUMN THE PROPERTY OF MAIN

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, arespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. many occupations a single word or term on the (a) Salesman, (b) Groeery; (a) Foreman, various pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," inqualified, is indefinite); Tuberculosis of lungs, menin-

ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible mus," "Old Age," "Shock," "Uraemia," "Weakness," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; rent) affection need not be stated unless important. nephritis, etc. cough; Chronic vulvulur heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) suicide. head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puenpenal septichaemia," "Heart failure," "Haemorrhage," "Inamition," "Marasgenital," "Senile," ctc.), lapse," "Coma," "Anacınia" symptoms or terminal conditions, such as "Asthenia, when a definite disease can be ascertained as the Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, (merely symptomatic), "Atrophy, oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Dropsy," "Atrophy," "Colacid-probably "Exhaustion," Whooping ("Con-Bron-

if this conflicate is moked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	n terms, so that It me Instructions on back
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	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. F should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.
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HYSICIANS statement of

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. N If death occurred in St.: Ward) a hospital or institution, give its NAME instead of street and number. ] <sup>2</sup> FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS BINGLE 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, undown (Dav) (Year) OR OLVORCED 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than TAGE and that death occurred on the date stated above, at 1 day, hrs. OR min. ? OCCUPATION
(a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ENTS (Addrass).. 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Causes, state (1) Means of Injury; and (2) whether Accidental., Suicidal or Homicidal. PARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIERTS, OR RECENT RESIDENTS) 13 BIRTHPLACE to the At place OF MOTHER (State or country) of death \_\_\_\_\_grs. \_\_\_\_mss. \_\_\_\_ds. State. ......yrs. Where was disease contracted. MY KNOWLEGGE If not at place of death ?..... Former or usual residence OATE OF BURIAL PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 16 W. Seretoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planler, Physiness of various pursuits can be known. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when necded. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Scrvant, Cook taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more mobile factory. Housemoid, Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in is very important, so that the relative healthful-For persons who have no occupation whatever, etc.; If the occupation has been changed The material worked on may form part If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

ges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of..... and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, ctc. cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull birth or miscarriage as "Anaemia" "Coma," railway train-accident; Revolver wound of (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (seeondary or intercur-"PUERPERAL septichucmia," "Dropsy," "Exhaustion,"

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	PLACE OF DEATH	60	STATE O		
Coun	N Nortesto	(79)	CERTIFICA		
Journ			Registr	ation Dist.	No. 3355
/Hlag	2 FULL NAME John William	Bray	St;W		[if death occurred in a hospital or institution, give its NAME instand of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	M	DICAL CERTIF	CATE OF	DEATH
TY.	4 COLOR OR RACE SHINGLE-MARRIED, WIDOWED OR DIVORCED (Write the word) Marriel	16 DATE OF DEA	- 02 000 000 000 000 000 000 000 000 000	1- (Month)	(Day) (Year)
6 DA	TE OF BIRTH	2/5	191 9. 6		2/9 1919.
	(Month) (Day), 1856 (Year)	that I last saw	-1		2-/7, 191 9,
TAG	E If LESS than	and that death	occurred on the	date stat	ed above, at f.f.f.m.
	6 3 yrs. 2 mes. 0 4s. or mia.?	The CAUSE OF	DEATH * was	s follows	
	CCUPATION ) Trade, prefession, or		Chr.	alvul	
-	Canoral nature of industry	0.000.0.000.000000000000000000000000000	au o a u a o o a a a a a a a a a a a a a	,00000000000000000000000000000000000000	
Du	ricess, ar establishment la	700045000000000000000000000000000000000		(Buration)	
	RTHPLACE (State or country) November	Contributer Secondary		(Duration)	). 775
10	10 NAME OF avery Bradford	(Signad)	Marvel	Sit	my hy
PARENTS	of FATHER (State or country)	*State the CAUSES, state SUICIDAL OF H	DISEASE CAUSING 1 (1) MRANS OF INJU	Davier or in	deaths from VIOLENT whether ACCIDENTAL.
PAR	of Mother Mars Laylor	18 LENGTH OF RE	SIDENCE (FOR H	OSPITALS, IN	STITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	Whara was diseasa co	masda.		yrs#864a,
14 T	(laformant) Coseph Brestor	Farmar or asuat rasidanca	ath 7		
	(Address) newaste Bree	19 PLACE OF BU	RIAL OR REMOVA	Can S	DATE OF BURIAL
16 Fil	er 2-12-19, 191 & L Dollman	20 UNDERTAKE	R Lagran		ADDRESS MIL
	If more blanks are needed, address State Registrar.	18 8 500000 50	Ralto Requesting 1	V. S. No. 1	a line
	if more blanks are needed, address State Regulter.	y. paratoga St.,	norm. Producersky	10 ATO ATO A	

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physiness of various pursuits can be known. The question write None. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever, Stationary fireman, etc. But in many cases, The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia, Bronchopneumonia of lungs, meninamqualified, is indefinite); Tuberculosis of lungs, meninamqualified, is indefinite);

SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates "Heart failure," "Haemorrhage," "linanition," "Maras-mus," "Old Age," "Shook," "Uracnia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstition "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated "Puenperal perilonilis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.). "Dropsy," "Exhaustion," "Anaemia" Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, ctc. (paine origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic birth or miscarriage as by railway train-accident; Revolver wound "Conia," (merely symptomatic), The contributory (secondary or intercurly symptomatic), "Atrophy," "Col-"Convulsions," "Debility" ("Con-"PUERPERAL septichaemia," Never report mere acid—probably important.

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1 PLACE OF DEATH

Coun	ty Worcesture (316	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 357
Villag	ge or City Enousties and No	St.; Ward) [It death occurred to a hospital or institution.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
o DATE	TE OF BIRTH  A COLOR OR RACE  SINGLE  MARRIED, WIDOWED OR DIVORCED (Write the word)  Alonth)  (Day)  (Day)  (Day)	16 DATE OF DEATH    State of DEATH   Felly 5   1917
7 AG	if LESS than 1 day, hrs.  OR Min.?  CCUPATION 1 Trade, profession, or 1 clular kind of work	and that death occurred on the date stated above, at JU.  The GAUSE OF DEATH * was as follows:  Heart trouble (Variety richum
Instruction and a single singl	General nature of industry iness, or establishment in ich employed (or employer)  RTHPLACE (State or country)  Sovorstick marylax	Contributory Suffueurs (Indiality) Secondary  (Buration) yrs mos.
Important See	10 NAME OF FATHER Frank. Brown  11 BIRTHPLACE OF FATHER (State or country) wor easter Commod  12 MAIDEN NAME OF MOTHER	(Signed) Survey (Middless) Survey Hiel, M.  - State the DISPARE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (I) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
Ta very	13 BIRTHPLACE OF MOTHER (State or country) wor eister and HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) aliel Brown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN' OR RECENT RESIDENTS) At placa Is the of death yra
OCCUPATION 15	REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Bablis Carrelry 7 2h. 6, 1919.  20 UPDERTAKER  Pilliam S. Williams Drowffie  16 W. Sarstoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Assertation.]

the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fremun, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulengaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. mobile factory. only when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oecupa-Coal mine, etc. many occupations a single word or term on the (a) Salesman, (b) Grocery; (a) Foreman, For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid pneumonia," Debar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tubercubosis of lungs, menin-

lapse," suta, "Anaemia" (inerely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. head-homicide; Poisoned by carbolic acid-probably cause. on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; " "Old Age," "Shock," "Uraemia," "Weakness," by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-"Senile," etc.), The contributory (secondary or intercurg., sepsis, telomus) may be stated "PUERPERAL septichaemia," Never report mere (Recommendations

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MAR 5 1919

PLACE OF DEATH

	PLACE OF DEATH		STATE OF MA	ARYLAND
Coun	ty Warchester 0316	28)	CERTIFICATE	.31111
VHlag	go or City Berlin (No	Hance	Registration (	[If death accorred s hospitat ar instituti give its NAME instituti of street and nembe
	PERSONAL AND STATISTICAL PARTICULARS	М.	EDICAL CERTIFICATE	OF DEATH
len	rate octonor race MARRIED, Stringle MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEA	(Month	
6 DA	TE OF BIRTH mkning 1		EBY CERTIFY, That I a	, 19
7 AG	(Month) (Day) (Year)  If LESS than 1 day, hrs. OR min.?		n occurred on the date  F DEATH * was as foll	
_				
par (b)	CCUPATION  ) Trade, prefession, ar ficular kind of work  ) Several asture of industry sizess or establishment in	Out	(Surellan)	Louis
par (b but	1) Trade, profession, ar ricular kind of work	Contributo		
par (b but	). Trade, prefession, ar riticular kiad of work riticular kiad of work riticular kiad of work riticular kiad of work riticular kiad of keest, or establishment in kich ampleyed (or empleyar)	Contributo Secondary		
par bus whi	1) Trade, prefession, ar ritcular kind of work  1) Someral nature of industry sizess, or establishment in inch ampleyed (or employar)  1 PTHPLACE (State or country)  1 10 NAME OF	(Signat) C	(auration)  (auration)  (auration)  (b) Addresse  (c) Means of Injunt; and	Courting or, in deaths from Violes
PAT	17 rade, prefession, ar ritcular kind of work  ) Soneral neture of industry siteses, or establishment in lich ampleyed (or empleyar)  18 rather lammed lichural  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER	(Signat)  State th CAUSES, State SUICIDAL or I	(Buration)  (Buration)  (Buration)  (Address)  (C)  (Address)  (C)  (D)  (Address)  (C)  (D)  (Address)  (C)  (C)  (C)  (C)  (C)  (C)  (C)	or, in deaths from Violenta d (2) whether Accidenta
S BI	10 NAME OF FATHER  11 BIRTHPLACE (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME	(Signed)  CAURES, State (Inc.)  CAURES, State SUICIDAL OF I	(Suration)  (Suration)  (Address)  (C)  (Address)  (C)  (C)  (C)  (C)  (C)  (C)  (C)	or, in deaths from Viole d (2) whether Accidents.
PARENTS IN C.	Trade, prefession, ar ricular kind of work     Boneral asture of ladustry     States, or establishmeat in     IRTHPLACE (State or country)     10 NAME OF     FATHER   Lamuel Swelly     11 BIRTHPLACE OF FATHER (State or country)     12 MAIDEN NAME OF MOTHER     13 BIRTHPLACE OF MOTHER     14 BIRTHPLACE OF MOTHER     15 BIRTHPLACE OF MOTHER     16 BIRTHPLACE OF MOTHER     17 BIRTHPLACE OF MOTHER     18 BIRTHPLACE OF MOTHER     19 BIRTHPLACE OF MOTHER     10 BIRTHPLACE OF MOTHER     11 BIRTHPLACE OF MOTHER     12 BIRTHPLACE OF MOTHER     13 BIRTHPLACE OF MOTHER     14 BIRTHPLACE OF MOTHER     15 BIRTHPLACE OF MOTHER     16 BIRTHPLACE OF MOTHER     17 BIRTHPLACE OF MOTHER     18 BIRTHPLACE OF MOTHER     19 BIRTHPLACE OF MOTHER     10 BIRTHPLACE OF MOTHER     10 BIRTHPLACE OF MOTHER     10 BIRTHPLACE OF MOTHER     11 BIRTHPLACE OF MOTHER     12 BIRTHPLACE OF MOTHER     13 BIRTHPLACE OF MOTHER     14 BIRTHPLACE OF MOTHER     15 BIRTHPLACE OF MOTHER     16 BIRTHPLACE OF MOTHER     17 BIRTHPLACE OF MOTHER     18 BIRTHPLACE OF MOTHER     19 BIRTHPLACE OF MOTHER     19 BIRTHPLACE OF MOTHER     10 BIRTHPLACE OF MO	Secondary  (Signed)  State the CAURES, state SUICIDAL OF I  18 LENGTH OF ROOR RECENT RI Al place.  af death yra.  What's wee disease if not al place of death yra.  The control of the con	(Buration)  (Buration)  (In Diphass Causing Drath, b. (I) Means of Injury; an Iomicidal.  RESIDENCE (For Hospital Esidents)  in mea. de. Si contracted, leeth?	or, in deaths from Violenta d (2) whether Accidenta
PARENTS IN C.	10 NAME OF FATHER  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF FATHER  13 BIRTHPLACE (State or country)  14 MAIDEN NAME OF MOTHER  15 BIRTHPLACE (State or country)  16 MAIDEN NAME OF MOTHER  17 BIRTHPLACE OF MOTHER  18 BIRTHPLACE OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 SIRTHPLACE OF MOTHER  11 BIRTHPLACE OF MOTHER  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 SIRTHPLACE OF MOTHER  15 SIRTHPLACE OF MOTHER  16 STATE OF MOTHER  17 SIRTHPLACE OF MOTHER  18 SIRTHPLACE OF MOTHER  19 SIRTHPLACE OF MOTHER  10 STATE OF MOTHER  11 SIRTHPLACE OF MOTHER  12 STATE OF MOTHER  13 SIRTHPLACE OF MOTHER  14 STATE OF MOTHER  15 STATE OF MOTHER  16 STATE OF MOTHER  17 STATE OF MY KNOWLEDGE	Secondary  (Signed)  State the CAURES, state SUICIDAL OF I  18 LENGTH OF ROOR RECENT RI Al place.  af death yra.  What's wee disease if not al place of death yra.  The control of the con	(Buration)  101 9 (Address)  10 DIMANS CAUSING DEATH,  10 (1) MEANS OF INJURY; and IOMICIDAL.  RESIDENCE (FOR HOSPITAL  RESIDENCE (FOR HOSPITAL  RESIDENCE)  10 (1)  10 (1)  11 (1)  12 (1)  13 (1)  14 (1)  15 (1)  16 (1)  17 (1)  18 (1)  19 (1)  1	or, in deaths from Violer d (2) whether Accidenta

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Loco engineer, Stationary fireman, ctc. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. Housemaid, etc. know (a) the kind of work and also (b) the nature of the tion is very important, so that the relative healthfulwrite None. Statement of Occupation-Precise statement of occupa-If the occupation has been changed Locomotive engineer, But in many cases, If retired from The question

Statement of Cause of Death—Name, first; the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninanqualified, is indefinite); Tuberculosis of lungs, meninanqualified.

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by Struck by railway train-accident; Revolver SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as accidental, surgical operation was undertaken. For violent Deaths hirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, mus," "Old Age," "Shock," "Uraemia," "Weakness symptoms or terminal conditions, such as "Asthonia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcarbolic acid-probably Nevcr report mere wound

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STATE OF MARYLAND 1 PLACE OF DEATH HYSICIANS statement of DEATH CERTIFICATE OF Registration Dist. No. It death occurred to St: .....Ward) a hospital or institution. 0 give its NAME instead of street and number. ] RECORD EXACT MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 1919 MARRIED cla PERMANENT WIDOWED OR DIVORCED MO (Write the word) (Year) (Month) (Day) properly CERTIFY. That Pattended deceased from DATE OF BIRTH hould (Year) (Month) (Day) It LESS than may ck of 7 AGE and that death occurred on the date stated above, at W 1 day, hrs. O OR min.? d OCCUPATION ed ō (a) Trade, profession, or suppli particular kind of work 08 (b) General nature of Industry terms, instructi business, or establishment in (Dursilen) UNFADING which employed (or employer Contributory 9 BIRTHPLACE (State or country) 2 See CB 10 NAME OF pe FATHER 2 Should ATH important (Address) 191. of FATIER (State or country) PARENT \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MRANS OF INJURY; and (2) whether ACCIDENTAL, PLAINLY, () [L] SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME = OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE of Informati 0 Very OR RECENT RESIDENTS) 13 BIRTHPLACE in the CAUSE At place OF MOTHER .....yrs. ......mss. .......ds. Stats. of death (State or country) Where was disease contracted, should state CAI 14 THE ABOVE If not et piece of desth?. Former or (lotormant) usual residence 15 20 00 REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

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[Approved by U. S. Census and American Public Health Association.]

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic vakular heart disease; Chronic interstitial surgical operation was undertaken. For violent deates "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urzemia," "Weakness," "Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for mulignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. cause. etc., when a definite disease can be ascertained as the or miscarriage as "Puerperal septichaemia," Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," "Exhaustion," railway train-accident; State cause Never report mere Revolver wound of for which

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WECEIVE

V. S. No. 1.

- 0 204	STATE OF MARYLAND
County Lincoster 0317	CERTIFICATE OF DEATH
VIIIage or City Por Parameter P. T.	Registration Dist. No. 25
2 FULL NAME Mable Cullick	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEXI COLOR OR RACE S'SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH  JULy (Month)  (Day) (Year)
Openth (May) (Day) (Year	that I last saw her alive on the first saw here alive on t
7 AGE  11 LESS the 1 day, Br OR min.	and that death occurred on the date stated above, at
a) Trade, profession, or  Particular kind of work  (b) General nature of Industry  business, or establishment in  which employed (or employer)	(Burstlen) yrs. 4 mos. 10
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF FATHER MINTE Groves	(Signod) (Survey) Mrs. mes. M.
11 BIRTHPLACE	
State or country)	*State the Disease Causing Draff, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether According
T NAIDEN NAME OF MOTHER CICLICIA COSTON	*State the DISKARE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT
13 BIRTHPLACE OF MOTHER (State or country)  711	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSING, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At place in the et death yes
OF MOTHER OF CLOUDE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.  **Beend Homicidal**  16 Length of Residence (for Hospitals, Institutions, Transient or Recent Residents) At place in the etable of death yes
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSING, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place in this et desth yis. Toss. ds. State, yis. The second state of the state o
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Intermant)  (Intermant)  (Intermant)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.  16 Length of Residence (for Hospitals, Institutions, Transient or Recent Residence) At slace in the et death yes. de. State, yes. mes. de. Where was disease contracted, it not at place of death?  Farmer or usual residence

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be write None. state occupation at beginning of illness. If retired from taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, "Forenian," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Groccry; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, stationary fireman, etc. But in many very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, meningualified, is indefinite); Tuberculosis of lungs, meningualified.

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' PLA	CE OF DEATH	8	STATE OF MAR	YLAND
County	Worcester		CERTIFICATE OF	DEATH
		03171	Registration Dist	No. 350
Village or C	ity / ocourable Conty		Ward)	[ If death occurred to
	10 0 5 6			a hospital or institution, give its NAME instead
2	FULL NAME OCCOLA T	Tryden	Accord 2 00000 20 Tax 1 00000 20 10000 20 10000 20 10000 20 10000 20 10000 20 10000 20 10000 20 10000 20 10000	of street and number.]
PEF	RSONAL AND STATISTICAL PARTICULARS	N	EDICAL CERTIFICATE OF	DEATH
- 3 SEX	4 COLOR OR RACE   5 SINGLE   MARRIED.	O 16 DATE OF DE	ATH FIRE	16 1016
Flua	le Black Withoutes lu On Black (Write the word)	rele	(Month)	(Day) (Year)
B DATE OF	BIRTH	17 I HER	EBY CERTIFY, That I atte	nded deceased from
	may 27 1	918	. 191 , to	, 191,
7 AGE	(Month) (Day)	ESS than and that deat		, 191,
	4	nrs.	h occurred on the date star	ted above, at m.
		min.? The CAUSE O	F DEATH * was as follows	t did not
OCCUPATION (a) Trade, p	rofession, or	see	This case	Premine
particular ki	nd of work nature of industry			4.0000000000000000000000000000000000000
business, or	establishment in yed (or employer)		(Duration)	975 2 mos
9 BIRTHPLA	ICE (	O Contributo	, Whoopin	g Cough
(State or	Course City, 7	Secondary	-	1 2 7
10 NAS	THER	(Signed)	) Dunn M	Ø
0 11 BIR	THPLACE 1 1	2/27	, 1919 (Address) Pocer	woke City mo
Z OF	FATHER LATE OF COUNTRY WORLESTER CO.	had state th	DISTANT CAUSING DEATH OF I	deaths from Violant
C 12 MAI	DEN NAME		e (1) Means or Injury; and (2) Ionicidal.	WHITHOU SECTIONS 154
	THELACE THELACE	18 LENGTH OF R	ESIDENCE (FOR HOSPITALS. IN	STITUTIONS, TRANSIENTS,
OF	MOTHER tate or country Propulate City.	Md. At place of death yre.	meede. In the	yrsmqs ds.
14 THE ABO	VE IS TRUE TO THE BEST OF MY KNOWLED E	Where was disease of if not all place of d		***************************************
( loformant	mervin Dryden	Former er		
	P	19 PLACE OF BI	JRIAL OR REMOVAL	DATE OF BURIAL
(Add	(ress) ( ocomore	Hallat	Lill - Prevuento	2/28,101.9
Flied 2	28 1919 E. S. Haveni	20 UNDERTAKE	ir a n	DONNESS
	FEGI	TRAR C. 74. B	allard & Bro. 1	Pococuoke,
10	If more blanks are needed, address State B	logistrar, 16 W. Saratoga St.,	Balto., Requesting V. S. No. 1	Smel

### REVISED UNITED STATES STANDARDEOUTVED CERTIFICATE OF DEATH MAR 4 1919

Association.

employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Peuler," etc., without more mill; (a) Salesman, (b) (irveery; (a) Foreman, (b) Auloonly when needed. As examples: (a) Spinner, (b) Cotton cion, Compositor, Architect, Locomotive engineer, engineer, Stationary firemon, etc. But in many write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the accupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, urrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coul mine, etc. Women at home, who are engaged in For persons who have no occupation whatever, The material worked on may form part If retired from many cases,

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MAY 29 1919
BURBAU, V.S.

Sent out for signature

1 PLACE OF DEATH

County

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:....Ward)

if death occurred m a hospital or institution, give its NAME instead at street and number. I

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) HEREBY CERTIFY. That I attended deceased from Contributory Secondary State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. SUICIDAL OF HOMICIDAL. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) lo the ......yrs. ......mos. .....ds. Stete. Where was disease contracted, If not at place of death ?..

If more blanks are needed address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulor given up on account of the DISEASE CAUSING DEATH engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foroman," "Manager," "Dealer," etc., without more mobile factory. write None. 6 yrs.). Statement of Occupation-Precise statement of occupa--Coal mine, etc. various pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

cough; Chronic valvular heart disease; Chronic interstitial genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," rent) affection need not be stated unless important. "Tumor" for mahguant neoplasms); Measles; Whooping "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. ete., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," "Puerperal peritonitis," etc. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent neates birth or miscarriage cause. and consequences (e. g., sepsis, telanus) may be stated Struck by railway train-accident; Revolver wound of to determine definitely. on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercuras "Puerperal septichaemia," Examples: Accidental drowning; State eause for which Never report mere "Atrophy," "Col-("Con-

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the certificate it permanently filed.



A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS PLACE OF DEATH

HANS ent of	County Worth divinestor (3)	CERTIFICATE OF DEATH
CTLY, PHYSIC	Villago or City Whaleyille (No	Registration Dist. No. 3/1/1  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
EXAC siffed.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
should be stated y be properly clas of certificate.	TAGE  A COLOR OR RACE  B SINGLE  MARRIEO,  WIDOWED  OR DIVORCED  OR DIVORCED  OR DIVORCED  (Write the word)  Surgle  (Wonte the word)  (Year)  TAGE	16 DATE OF DEATH  (Month)  (Day)  (Your)  17 I HEREBY CERTIFY, That I attended deceased from 2/, 191.9, to 2/3.0 , 191.9, that I last saw have alive on 2/3.0 , 191.9, and that death occurred on the date stated above, at 2/4 m.
so that it may ons on back of	3 yrs. mos, Hds. or min.?	The CAUSE OF DEATH * was as follows:
e carefully supplain terms, 3	b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Manyland	Contributory Secondary (Duration) 778. moe. ds.
ion should be F DEATH In p Important Se	11 BIRTHPLACE OF FATHER (State or country) Foster worcesly  12 MAIDEN NAME	(Signed) . M. e.  4 4 5 , 181 5 (Addrese) . Sale the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means or Injury; and (2) whether Accidental.  Suicidal or Homicidal.
SE O SE O SE Very	of MOTHER Sucy Magle  13 BIRTHPLACE OF MOTHER (State or country) Manyland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	10 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
should state CAI	(Informant) Frey of male  (Address) It stalujulle Mid  15	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL  10 PLACE OF BURIAL  20 UNDERTAKER  ADDRESS
N. W.	FREGSTHAR	P. fr hatron- Selbyrille Del

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to ciam, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton if retired from

unqualified, is indefinite); Tuberculosis of lungs, menis-Typhoid fever (never report "Typhoid pneumonia") spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroterm for the same disease. Examples: Cerebrospinal time and causation), CAUSING DEATH (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE µmeumonia. Bronchopneumonia using always the same accepted ("Pncumonia,

> genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," lapse," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant ncoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent neates "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. Example: Measles (discuse causing death), 29 ds.; Bronrent) affection need not be stated unless important head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; birth or miscarriage as cause. Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intereur-"PUERPERAL septichaemia," State cause for which Never report mere

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

MAR 1 1949

S. No. 1.

Z

1 PLACE OF DEATH

(120)

MEDI

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 357/

Smow Hell

St.;	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
CAL CERTIFICATE, OF	DEATH

16 DATE OF DEATH	Stary.	3	1010
	(Month)	(Dav)	, 1917
17 . I HEREBY CERTI	FY, That I atte	nded decea	sed from
· Jai 24 19	9. Fel	ey 3	. 181.9
	1 10.	/. >	, 181.7
that I last saw h Mali	ve on	4 0	, 1917
and that death occurred	on the date stat	ed above, a	t m
The CAUSE OF DEATH	was as follows		
00	1 1 1		
Olivere h	elolirele	s (var	ulis
not detering	.61		
- an v-v comm		000000000000000000000000000000000000000	1
	(Duration)	yrs m	08 ds
Contributory			
Secondary		***********	
	(Puration)	yrs m	08 is
(Signed) John	e L. Rel	il	100
7.0. (1)	X	12/20	Dr. 1
	Idress) Grun	TAR	1.0.12
*State (the Disease Ca Causes, state (1) Means Suicidal of Homicidal.	DE INJURY; and (2)	whether Acci	VIOLENT L,
18 LENGTH OF RESIDENCE (	FOR HOSPITALS, IN	STITUTIONS, T	RANSIENTS
OR RECENT RESIDENTS).			
At place of deethyre,mes.	in the	VFS 7	nos. de
Where was disease contracted,			
If not all place of death?	******************************	•••••	***************
Former or usual residence		*****	
19 PLACE OF BURIAL OR RE		ATE OF BUR	RIAL
Mean Salls arill	Bud 7	26. of	9
			181

[Approved by U. · S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (o) the kind of work and also (b) the nature of the engineer, Stationary freman, etc. But in many cases, cian, Compositor, Architect, Lacomotive engineer, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever The material worked on may form part As examples: (a) Spinner, (b) Cotton If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, perilonacum, etc., Carcanomo, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of mus, symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valendar heart disease; Chronic intershital "Tumor" for malignant neoplasms); Measles; Whooping and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septicluemia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Meosles (discuse causing death), 29 ds.; Bronon statement of cause of death approved by Committee under the head of "Contributory." (Recommendations "PUERPERAL perilonilis," etc. cause. on Nomenclature of the American Medical Association.) ," "Old Age," "Shock," "Uraemia," "Weakness." ," "Coma," Always qualify all diseases resulting from childby railway train-occident; Revolver wound The contributory (secondary or intercur-State cause for which Never report mere "Atrophy," "Col-

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V. S. No. 1.

S.

PLACE OF DEATH	STATE OF MARYLAND
County Novcester 03175	CERTIFICATE OF DEATH
0 1.	Registration Dist. No.
Village or City Serving (No	St; Ward) [If death occurred in
2 FULL NAME WM J Fassett	a baspital er insktutien, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Black WIDOWED MANNER	DATE OF DEATH July (Month) (Day) (Year)
B DATE OF BIRTH	
(Month) (Day) , 1839 th	hat I last saw h afive on
4 day bre	nd that death occurred on the date stated above, atm.
O yrs. mas. ds. OR min.?	he CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work	Chronic dut nephretio
(b) General nature of Industry business, or establishment in which employed (or employer)	(Burotion) yrs, mos, ds,
(State or country)	Contributory Canal Propos
10 NAME OF Willey Pelve (S)	(Duration) yrs mos de.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Violent
of OFMOTHER	CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
(State or country)	OR RECENT RESIDENTS) Al place In the of deathyrsmesds. State,yrsmesds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease controcled, it not at place of death?
(Address) Berlie MC	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Files 2-17-1919 181 2 Hollman	Stage & Good Reland
If more blanks are needed, address State Registrar, 16 V	W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

the duties of the house old only fact paid Housekeepers who receive a definite stlary), may be entered as Housewife, Housework, or 41 home, and children, not gainfully "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -- Coal mine, etc. Worden at home, who are engaged in mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the misease causing duami. Housemaid, cte. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be of the second statement. mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective know (a) the kind of work and also (b) the nature of the ness of various pursuits ean be known. The question For many occupations a single word or term on the Statement of Occupation-Preeise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Never return If retired from "Laborer," (b) Autoof age

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-

chopneumonia (secondary), 1Q ds. Never report mer symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collinsse," "Coma," "Convulsions," "Techanteion on statement of eause of death approved by Committee under the head of "Contributory." and eonsequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-accident; Revolver BUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF LINJURY and qualify as surgical operation was undertaken. For violent maris "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-birth or misearriage as "Publicant subschumin," etc., when a definite disease can be ascertained as the genital," "Senite" etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantition," "Marasmus," "Old Age," "Shock," "Uramia," "Weakness," Example: Measles (disease calsing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whooping Nomenelature of the American Medical Association.) The contributory (secondary or intercur-(12) etc.), carbolic agid-probably State cause for Never report mere (Recommendations septich wanie," ACCIDENTAL, to punon ("Con-

If this excilinate is looked over thoroughly and all quostions aniswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permajnently filed.



	> ×
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	<ul> <li>Every item of information should be carefully supplied. AGE should be stated EXACTLY, should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex- OCCUPATION is very important. See instructions on back of certificate.</li> </ul>
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	-Every item of information should be carefully supplied. AGE should be sta should state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.
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1 PLACE OF DEATH

Ceunty	1 ester	10 d dutas inquirra	03176		CERTIFICATE  Registration	OF DEATH
Village or	City Ishops 2 FULL NAME PL	arl H	an A	i.	St.; Ward)	[It death occurred in a hospital or institution, give its NAME lustead of street and number.]
P	ERSONAL AND STATIS	TICAL PARTICU	LARS	ME	DICAL CERTIFICATE	OF DEATH
June	4 color or race	SINGLE, MARRIEO, WIOOWEO OR OIVORCEO (Write the word)	Sungle	16 OATE OF GEAT	(Month	
6 DATE OF	BIRTH (Mon		, 1903 (Year)	faces 20	BY CERTIFY, That I a	attended deceased from 1912,
7 AGE	/5 <sup>-</sup> yrs. 3	mes, 21 ds.	If LESS than 1 day, hrs. OR min.?	-	DEATH * was as foll	ows:
particular (b) Gene business,	tion, prefession, or house kind of werk	runk		Justen	Concerns (Güretion)	1 ro. mos 18 ds.
9 BIRTHP (State	AME OF ATHER	And &	bel.	Contributory Secondary (Signed)	(Duretion)	yrsds,ds,ds,ds,ds,
Z OF FATHER (State or country) MANAGEMENT (State or country) MANAG			Suicidal or Hor	MICIDAL.	or, in deaths from VIOLENT  (2) whether Accidental,  s, Institutions, Transients,	
t3 B	IRTHPLACE F MOTHER (State or country)  OVE IS TRUE TO THE BES ant)	Mana TOF MY KNOWLE	oge w	OR RECENT RESI At plecs ef deethyre. Where was disease con if not at place of deet Former ar usuel residence	in ti mesds. Sto trected, h?	
15 Filed	oddress bisho	Roya	<u>e</u> .	19 PLACE OF BUR 20 UNDERTAKER	LIAL OR REMOVAL	DATE OF BURIAL  ADDRESS
		- //	REGISTRAR	10.7. W	ation	In mile
(1)	If more blanks	are needed, address S	state Registrar,	16 W. Saratoga St., B	alto., Requesting V. S. No.	1. / Ogi

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, write None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Iahorer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Groccry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, business or industry, and therefore an additional line cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-The material worked on may form part But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia, Bronchopneumonia of lungs, meningualified, is indefinite); Tuberculosis of lungs, meninger

Struck on Nomenclature of the American Mcdical Association.) on statement of cause of death approved by Committee and consequences (e. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably under the head of "Contributory." (Recommendations surgical operation was undertaken. For violent deaths SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness, to determine definitely. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Ansemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (seeondary or intercurcough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Meastes; Whooping by railway train-accident; Revolver wound "Senile," etc.), Examples: Accidental drowning; "Dropsy," "Exhaustion," State cause for which Never report mere

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MAS & 1919 A. S. MAS & 1919

BINDING

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	TE PLAINLY, WITH UNFADING INK-THIS	formation should be carefully supplied. A
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N.B.

1 PLACE OF DEATH	STATE OF MARYLAND
County Wincester US114	(24-3) CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Bules (No	St.; Ward) [If death occurred in a hospitat or institution,
2 FULL NAME MOREY HIM	giva its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferral Black Single, MARRIED, WIDOWED OR DIVORCED OR D	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
at 12 1900	7. 191.9., to #18.
7 AGE (Month) (Day) (Year)	that I last saw han alive on the same of t
12 yrs, mos, ds. OR min.?	and that death occurred on the date stated above, at/m. The CAUSE OF DEATH * was as follows:
a) Trade, profession, or particular kind of work.  (b) General nature of industry business, or establishment in	7 et ans
which employed (or employer)  9 BIRTHPLACE (State or country)  RUNG  Which employed (or employer)	contributory Buns on leg
10 NAME OF FRANK Hudson	(Signed) (Ouration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country)  3 IT LIVE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
of Mother martha moor	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  Berline M.d.	OR RECENT RESIDENTS) At plecs In the ef deeth
(Informant) Martha Hudson	if not at place of death?  Former or  usuel residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied 2-10-1919191 D & Stellman	20 undertaker Bowen Birlin md

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physical Pla or given up on account of the DISEASE CAUSING DEATH. mobile factory. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, ctc. But in many cases, Housemaid, etc. If the occupation has been changed business or industry, and therefore an additional line especially in industrial employments, it is necessary to ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (c. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For VIOLENT DEATHS "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia." "Weakness." on statement of cause of death approved by Committee under the head of "Contributory." suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by earbolic acid-probably cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) Struck "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercur-"Tunior" for malignant neoplasins); Measles; Whooping birth Example: Measles (disease eausing death), 29 ds.; Bron-MEANS OF INJURY and qualify as or miscarriage as by railway train-accident: Revolver "PUERPERAL scpticha mia," State cause for which Never report mere (Recommendations ACCIDENTAL, mound.

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



B. No.

N. N

	PLACE OF DEATH
ouni	h
illag	e or City Bulin (No. Mrs.)  2 FULL NAME Lewise Jone
	PERSONAL AND STATISTICAL PARTICULARS
SE	4 COLOR OR RACE SANGEE MARRIED, WIDOWED OR DIVORCED (Write the word)
DAT	Late half Kerne, 1844 (Month) (Day) (Year)
AGI	
Whi	dess, or establishment is ch employed (or employer)  MTHPLACE (State or country)  7
	10 NAME OF FATHER Tot Known
NTS	11 BIRTHPLACE OF FATHER (State or country)
PARENTS	of Mother Just House
	12
	OF MOTHER (State or country)
4 TH	State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)
4 TH	OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

### STATE OF MARYLAND CERTIFICATE OF DEATH

St: .....Ward)

120

Registration Dist. No.

0 h	espita	10	ccurri Institu	tion
of :	i its stroot	20d	E ins	er.

MEDICAL CERTIF	FICATE OF	DEATH	
DATE OF DEATH	(Month)	(Day)	-191
HEREBY CERTIFY,		nded deces	sed from
			, 191
,	te	8889 048 90 00 00 00 00 00 00 00 00 00 00 00 00	, , , , , , , , , , , , , , , , , , , ,
that I last saw h alive or			, 191
and that death occurred on th	o date sta	ted above, a	tr
The CAUSE OF DEATH * was	as fallows		
		/	
		thru	7
Chica The Man	LU		- Ref
90 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		********************	
	(Duration)	774	
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Contributory		***************************************	
	/		
(Signed) Cleve)	(Surarion)	)76	
(Signed)	4	The	, M
1 - 20 , 101.9. (Address)	Ku	di	
State the Didness Canaina	DEATH OF I	n deaths from	VIOLENT
CAUSES, state (1) MEANS OF IN.	JURY; and (2	) whether Acc	IOENTAL.
SUICIDAL OF HOMICIDAL.			
18 LENGTH OF RESIDENCE (FOR I OR RECENT RESIDENTS)	HOSPITALS, II	ASTITUTIONS,	TRANSIEN
At piece	In the		
of doothyremeede.	State,	yrs	,mee
Where wee disease contracted,			
if not et place ef deeth ?			
Fermer er			
19 PLACE OF BURIAL OR REMOV	/AL	DATE OF BU	RIAL
PLACE OF BURIAL OR REMOV	7.	9.11	2 0
masses amela	my !!	July de	, 191.7
20 UNDERTAKER		ADDRESS.	
1 4 1	0	1 0	9 0

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, tion is very important, so that the relative healthfulemployed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) (frocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the Housemaid, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed If retired from

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cough; Chronic valvular heart disease; Chronic interstitial ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of... "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia." Example: Measles (disease causing death), 29 ds.; Bron-Struck by railway train-accident; Revolver suicidal, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably "Coma," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Dropsy," "Exhaustion," State cause for which ACCIDENTAL, wound of

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V. S. No. 1.

N.B.

1 PLACE OF DEATH

Count	e or City Thalesprille (No	CERTIFICATE OF DEATH  Registration Dist. No. 35 3  St.; Ward)  [If death eccurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	ale White be word) Single	16 DATE OF DEATH TWATTER (Jonth) (Day) (Yest)  17   HEREBY CERTIFY. That I attended deceased from
6 DAT	Month) (Day) 19/5	1716 1717 ,1919, to 716 7 7 ,1919, that I last saw him alive on 716 4 7 , 1919,
7 AGI	yrs, mes, ts. Or min.?	and that death occorred on the date stated above, at the
part bus white	CUPATION Trade, prefession, or licular kind of work  O general nature et industry iness, or establishment in ch empleyed (or empleyer)  RTHPLACE (State or country)  MANUALANA  -	Contributory Want of Market Processing des
PARENTS	10 NAME OF Samel Lewis  11 BIRTHPLACE OF FATHER (State or country) Sclaware	(Signed)
PAR	13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place to the ef deeth
	(Informant) Lamil Line	Where wee disease contracted,  If not at place of death?
16 File	(Address) thaleyville Md  Jet 8, 1917 HRoyal  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Acar Mhaligille  20 UNDERTAKER  ADDRESS  Selbystlle

If more blanks are needed, sodress State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm loborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to is provided for the latter statement; it should be used business or industry, and therefore an additional line engineer, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. Coal mine, etc. Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully many occupations a single word or term on the For persons who have no occupation whatever, very important, so that the relative healthful-Stationary fireman, etc. But in many cases, The material worked on may form part Women at home, who are engaged in If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Broachopneumonia of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably to determine definitely. SUICIDAL, Or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial chopneumonia Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... or miscarriage "Old Age," "Shock," "Uraemia," "Weakness," by railway Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercurtrain-accident; Revolver wound as "Puerperal Examples: Accidental drowning; Never report mere septichacmia," ACCIDENTAL,

If this certificate is pooked over thoroughly and all questions answered the detail it will prevent further correspondence. A fifte data is establial and must be obtained before the certificate is permanant, filed.



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

N.B.

County Nostra	(10) CERTIFICATE OF BEATTI		
UBUILLY	CERTIFICATE OF DEATH		
03180	Registration Dist. No. 353		
Village or City Whalusville (No	St.; Ward)  [If death accurred in a hespital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Sexi Color or RACE Single, MARRIED, WIDOWED OR DIVORCED (Write the word) Single	16 DATE OF DEATH 7 30 , 1919 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from		
6 DATE OF BIRTH  Oct 7 (Month) (Day), 19/0 (Year)	for 287, 1919, to 74/2 ,1919, that I last saw her alive on February, 1919,		
7 AGE   11 LESS than 1 day,krs	and that death occurred on the date stated above, at		
a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in which amployed (or employer)  BIRTHPLACE  (State or country)	(Burstion) yrs mos ds.  Contributory Want of profine Care and		
10 NAME OF FATHER Same Levis  11 BIRTHPLACE OF FATHER (State or country) Many Carlot  L MAIDEN NAME 5 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(Signed) (Buration) yrs mos ds.  (Signed) Many Many Delayer M. C.  State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injunt; and (2) whether Accidental, Suicidal or Homicidals.		
13 BIRTHPLACE OF MOTHER (State or country) Delanare	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place In the of death yrs. mes. ds. State, yrs. mes. de.  Where was disease contracted.		
(Informant) Sla Jawa)	If not at piece of death?  Former or usual residence.		
(Address) It halupelle gna: Filed Let 14, 1919 at Kaye	19 PLACE OF BURIAL OR REMOVAL  ALL H., 1919 20 UNDERTAKER  ADDRESS  ADDRESS		
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

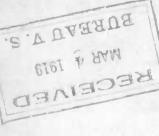
[Approved by U. S. Census and American Public Health
Association.]

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	PLACE OF DEATH  ty Supplied Works 19 or City St. Martins Mark  2 FULL NAME Stattic Juniora	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 5 3  St.; Ward)  St.; Ward)  [If death accurred in a hospital or institution, give its NAME instead of street and number.]
, de a	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fer Ser	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Adam Write the word	16 DATE OF DEATH # 22 , 1919 (Month) (Day) (Year)
6 DA	TE OF BIRTH  1154  (Month) (Day) , 1844  (Year)	17 I HEREBY CERTIFY, That I attended deceased from  Hereby 20, 1919, to Hereby 31, 1919,  that I last saw h & alive on Hereby 31, 1919,
7 AG	E   If LESS than 1 day, brs. OR min.?	and that death occurred on the date stated above, at II.A.m.  The CAUSE OF DEATH * was as follows:
(b) bus Whi	CUPATION I Tade, profession, or Itoular kind of work  O General nature of industry Inoss, or establishment in ch empleyed (or empleyer)  RTHPLACE (State or country)	(Buration) re. mee. 3 de.  Contributory Secondary
PARENTS	10 NAME OF FATHER AMAY Brown  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  2 MAIDEN NAME	(Signed) (Burelien) Tre. moe de.  (Signed) College M. D.  *State the Dismase Causino Drath, or, in Jeaths from Violent Causers, state (1) Means of Injunt; and (2) whether Accidental, Suicidal or Homeidal.
	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al piece of death ye
15	(Address) Bishopo R. A.  (Address) Dishopo R. A.  (Address) Pregistrar	Former or usual recidence.  19 PLACE OF BURIAL OR REMOVAL  ACCURATE GRAVE GRAVE FULL 2 H., 1919  20 UNDERTAKER  Valson + Watson Selbusille.
	If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar "pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

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V. S. No. 1.

ż

ch A	CODMISSION TO DE DEATH
County / new/h	CERTIFICATE OF DEATH
1 1.	Registration Dist. No. 380
WITHIN CORPORTE LIMITS IN THE CASE OF THE	(It death occurred to
Village or City (No,	• hospital or institution,
De Po	give its NAME instead of street and number.]
<sup>2</sup> FULL NAME Queura ceau	a v wy
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED, Maris	18 DATE OF DEATH FIShers 23 1018
FE. 1 41/1 FT WIDOWED OR DIVORCED	(Month) (Day) (Year)
Medical Vivil (Write the word)	HEREBY CERTIFY, That + attended deceased from
6 DATE OF BIRTH 1884	JUly 2/12, 1919, to FELY 23, 1919.
Mul 24" 1880	that I last saw he alive on Film 234, 1919,
(Month) (Day) (Year)	- Lind Flast Saw I
AGE 1 day,hrs.	1
34 yrs 10 mos 29 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION //	Theres all black to be car be
particular kind of work	Black for a Windle
(b) General nature of Industry	
business, or establishment in which employed (or employer)	(Ouration) yra mos. 4 ds.
9 BIRTHPLACE	Contributory White Malure
(State or country)	(Quration) yrs. mes. 2 ds.
10 NAME OF 1 //	11401 /200
FATHER Tha F. Halloud	(Singed)
11 BIRTHPLACE OF FATHER (State or country) Triquica	*State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT
Z OF FATHER (State or country) Mr Michael	SUCCIDAL OF HOMICIDAL.
of Mother boute aure den con	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place to the of death yrs. mes. de. Stateyrs. mes de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wee disease contracted,
My Mich & a // 100 1	if not all place of death?
(Informant)	woodl reeldence
Ironde tota take	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	111 Cuch Evermode 2/20, 1919.
16 15 mg ( ) Hangis	20 UNDERTAKER ADDRESS
FREG. 191 REGISTRAR	Therews on from Grande
If more blanks are needed, address State Registra:	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

02100

I DI ACE OF DEATH

STATE OF MADVIAND

[Approved by U. S. Census and American Public Health Association.]

especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, first line will be sufficient, c. E., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question employed, as At school or At home. Care should be taken to report specifically the occupations of persons precise specification as Day laborer, Form laborer, Loborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Groccry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH. write Nane Housemaid, etc. Statement of Occupation-Precise statement of occupa-Coal mine, etc. is very important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed Architect, Women at home, who are engaged in Locomotive engineer, (b) Auto-

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebrotime and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to nnqualified, is indefinite); Tuberculosis of lungs, menin-Typhoid fever (never report "Typhoid pneumonia"); Statement of Cause of Death-Name, first, the DISEASE for the same disease. Incumonia, Bronchopneumonia ("Pneumonia, Examples: Cerebrospinal

> ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . Example: Measles (disease causing death), 29 ds.; Bron-chopmeumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless cough; Chronic vakvulur heart disease; Chronic interstitial SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deates birth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," lapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," "Tumor" for undignant neoplasms); Measles; Whooping (nanic origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated snicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound (merely symptomatic), "Atrophy, oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Puenperal septichaemia," "Atrophy," acid-probably ACCIDENTAL, unportant. ("Con-

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

V. S. No.

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

County PLACE OF DEATH (1318)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 350
Village or City Classific (No. ,	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 CELOB OR RACE   6 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 7 7 1919 (Month) (Day) (Yest) 17 I HEREBY CERTIFY, That I attended deceased from
** The State of Birth	that I last saw h Walive on 7 17 2 14 1919,
7 AGE  If LESS than 1 day, hrs.  OR min.?	and that death occurred on the date stated above, av 2/m.  The CAUSE OF DEATH was as follows:  All All All All All All All All All Al
(a) Trade, profession, or particular kind of work.  (b) General nature of industry business, or establishment in which employed (or employer)	fraeva - Tuestas Carles  fraeva - Tuestas Carl
BIRTHPLACE (State or country) A Mary loud	Contributory Recorded
10 NAME OF Lawrie 1. Parks	(Signed) / Rec Hard Ma . M a
Un 11 BIRTHPLACE OF FATHER (State or country) (State or country) (12 MAIDEN NAME	*State the DISPASE CAUSING DEATH, or, in deaths from MIGLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether Accidental. SUICIDAL OF HOMICIDAL.
of MOTHER Course C. Hallur  13 BIRTHPLACE OF MOTHER (State or couply)  Wong Sund	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place is the of death
(Informant) Light to the BEST OF MY KNOWLEDGE	If not at place of death?  Former or  usual residence
(Address) Alluste lity lug	7 Place of Burial or REMOVAL DATE OF BURIAL
Filed 22/22/191 9 Oddforf 2	20 UNDERTAKER ADDRESS

If more blanks are meeded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, ctc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to eian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-(a) Salesman, (b) Grobery; (a) Foreman, (b) Auto-The material worked on may form part Women at home, who are engaged in If retired from ol age.

unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); term for the same disease. CAUSING DEATH (the primary affection with respect to Typhoid fever (never fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the DISEASE and causation), meumonia, Bronchopneumonia. using always the same accepted report "Typhoid pncumonia"); Examples: - Cerebrospinal ("Pncumonia,

> genital," state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," chopneumonia (secondary), 10 ds. Never report mer symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deates "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably Struck by railway trainbirth or miscarriage "Coma," The nature of the injury, as fracture of skull "Senile," ctc.), "Dropsy," as "PUERPERAL septichaemia," -accident; Revolver State cause for which Never report mere "Exhaustion, ACCIDENTAL, prenon

tions answered in detail, it will prevent further correspondthe certificate is permanently filed. ence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

1 PLACE OF DEATH PHYSICIANS t statement of EXACTLY. Pi sified, Exact s St.; ..... Ward) RECORD classified PERSONAL AND STATISTICAL PARTICULARS 3 SEX SINGLE, MARRIED, WIDOWED be stated 4 COLOR OR RACE 16 DATE OF DEATH OR DIVORCED 6 DATE OF BIRTH TAGE of If LESS than 1 day, hrs. G THIS min. ? OCCUPATION (a) Trade, prefession, er 20 particular kind of wark (b) General nature et industry besiness, er astabilshment in which employed (er empleyer) State or country) Contributory 10 NAME OF FATHER pino Important. ATH 11 BIRTHPLACE RENT OF FATHER (State or country) W 0 of information 12 MAIDEN NAME STICIOAL OF HOMICIPAL PA OF MOTHER Very 0 AUSE BIRTHPLACE OF MOTHER At place 60 (State or country) PATION Where was disease contracted, If not at place of death? Former or usual residence Should socoup 15 m Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

> It death occurred in a hospital or institution, give its NAME Instead of street and number.

CERTIFICATE OF DEATH CERTIFY, That I attended deceased from The CAUSE OF DEATH \* was as follows:

"State the Disease Causing Death, or, in deaths from Violent CAUSES, state (I) MEANS OF INSURT; and (2) whether Accidental,

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, ef death . O yrs. O mos. O de.

[Approved by U. S. Census and American Public Health

6 yrs.). business, that fact may be indicated thus: Farmer (retired write None. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many cases, of the second statement. mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupacupation at beginning of illness. If retired from For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning. surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Wheeping (name jorigin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... by railway train-accident; Revolver wound The contributory (secondary or intercur-"Puerperal septichaemia, Never (Recommendations "Atrophy," "Col-ACCIDENTAL, report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HAR 3 1919

N. B.-Every Item

PHYSICIANS

	² FULI	L NAME	idni		
	PERSON	AL AND STA			LARS
3 85	lare!	evelir	ACE 5 SI M W	ARRIED LES IDOWED B DIVORCED ( rite the word)	ngle
6 DA	TE OF BIRTH	un	(Month)	/U	, 19
7 AG	E	/ 0.,	(wionen)		If LESS 1 day,
O wh	CUPATION ) Trade, prefessificular kind of ) General nature riaess, or establish empleyed (pr	work of industry ishment in employer)		£265.	OR
O wh	ticular kind of ) General nature siness, or establich employed (pr RTHPLACE (State or count	on, or work of Industry lishment in employer)  Exy  Mac	ns.	m cl	OR
pai bus wh	10 NAME OF FATHER	on, or work  of industry ishment in employer)  Moe  Dage  ACE ER	nos.	ned pedo	or
bus o mi	10 NAME OF FATHER  11 BIRTHPLA  12 FATH  13 BIRTHPL  14 BIRTHPL  15 FATH  16 FATH  17 FATH  18 FATH  18 FATH  19 FATH  19 FATH  10 FATH  10 FATH  10 FATH  11 BIRTHPL  11 BIRTHPL  12 FATH  14 FATH  15 FATH  16 FATH  17 FATH  18 FATH  19 FATH  19 FATH  10 FATH  10 FATH  11 BIRTHPL	on, or work  of industry ishment in employer)  Moe  Jage 4  ACE ER country)  NAME HER MAGE	ngla May	nedo Sara	ess ags
pai bus wh	itcular kind of ) General nature ridess, or estable ich empleyed (pr RTHPLACE (State or count  10 NAME OF FATHER  11 BIRTHPLI OF FATH (State or  12 MAIDEN	on, or work  of industry ishment in employer)  Moc  Dage ER country)  NAME THER  MACE	ngla Jay ggie	and Sava	ess

1 PLACE OF DEATH

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

St.; Ward)

Registration Dist. No.

[If death occurred to

w		give its NAME instead of street and number.]
MEDICAL CE	RTIFICATE O	F DEATH
16 DATE OF DEATH	lect	21-,1919
17 I HEREBY CERTIF	10	(Day) (Yelr) ended deceased from
and that death occurred of the CAUSE OF DEATH *	on the date sto was as follow	ated above, at 4
Contributory Secondary	(Burstion)	
State the Distance Causes, state (1) Means of Suitedal or Homicidal.		in deaths from VIOLENT 2) whether ACCIDENTAL.
18 LENGTH OF RESIDENCE ( OR RECENT RESIDENTS) At place of deathyrsmes Where were discess centracted, If not at place of death?	In the	INSTITUTIONS. TRANSIENTO,
19 PLACE OF BURIAL OR RE	MOVAL	DATE OF BURIAL
20 UNDERTAKER	-1114	ADDRESS

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, or given up on account of the nisease causing neath, only when needed. As examples: (a) Spinner, (b) Collon state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. know (a) the kind of work and also (b) the nature of the engineer, For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, Stationary fireman, etc. The material worked on may form part Women at home, who are engaged in Never rcturn "Laborer," Locomolive engineer, But in many cases, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified.

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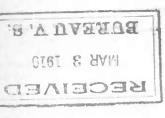
1 PLACE OF DEATH HYSICIANS statement of STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. EXACTLY, Pl It death occurred in St.;.....Ward) a hospital or institution. give its NAME Instead RECORD ot street and number. ] classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, MARRIED, 4 COLOR OR RACE 16 DATE OF DEATH PERMANENT WIDOWED properly rtificate. OR DIVORCED pe should Ce 0 (Month) (Year 2 4-0 7 AGE may If LESS than AGE 1 1 day. hrs. O THIS ba OR min.? 8 OCCUPATION that 00 supplied (a) Trade, profession, or instructions particular kind of work So General nature of lodustry terms, business, or establishment in which employed (or employer) (Buration) 9 BIRTHPLACE Contributory 2 (State or country) Secondary See be 10 NAME OF 2 FATHER should important ATH 11 BIRTHPLACE RENT (Address) OF FATHER (State or country) \*State the DISEASU CAUSING DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental. of information e CAUSE OF D 12 MAIDEN NAME SUICIDAL OF HOMICIBAL. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE OR RECENT RESIDENTS) OF MOTHER CAUS ON is State, Ilyrs. 10 mos. should state CAI of death 2.2. yrs. Where was disease contracted, If not at placs of death?. usual residence REMOVAL OATE OF BURIAL 15 DRESS m REGISTRAN If more blanks are needed, address State Registrar, 16 W. Saratoga St., Salto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiengineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal minc, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever, Stationary fureman, etc. But in many cases, The material worked on may form part Women at home, who are engaged in therefore an additional line Never return "Laborer," Lecomotive engineer, If retired from (b) Auto-

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PLACE OF DEATH	STATE OF MARYLAND		
County Marghan 03187	CERTIFICATE OF DEATH  Registration Dist. No. 350		
Village or City Remarke tay N (No. 1).  2 FULL NAME Botsy 8209	St; Ward) [If death occurred to a hospital or institution, give its NAME instead		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
SEX COLOR OR RACE SINGLE, MARRIED, LICENSE WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH TEM, 1919  (Month) (Day) (Year)  17 II HEREBY CRRTIFY. That I attended deceased from Called Unit (1916).  Called but faind her dead 101		
(Month) (Day) (Year)  7 AGE  Obret 80  yrs	and that death occurred on the date stated above, at 9 am. The CAUSE OF DEATH * was as follows:  When was a follows:		
(b) General nature of Industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  W  11 BIRTHPLACE OF FATHER (State or country)	(Signed)  (State the Disyase Causino Death, or, in deaths from Violent Causes, state (1) Years of Injury; and (2) whether Accidental.		
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE (Informant)  14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place in the af death yrs. mas. ds. State, yrs. mes ds. Where was disease contracted, if not at place of death?  Former or secular residences		
(Address) Muscle City A A Phr.  16 Filed 3/1/, 191 9 S Har gis REGISTRAR  W more blanks are uceded, address State Registrar. 1	DATE OF BURIAL OF REMOVAL  DATE OF BURIAL  DATE OF BURIAL  2 / 13., 191.9  DO UNDESTAKER  DEVELOPMENT  ADDRESS  LEVELOSTUP OF REMOVAL  ADDRESS  ADD		

(Approved by U. S. Census and American Public Health Association.)

engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, cian, Compositor, Architect, Locamotive first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Former (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the bousehold only (not paid Housekeepers know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); CAUSING DEATH (the primary affection with respect to anqualified, is indefinite); Tuberculosis of lungs, meninfever (the only definite synonym is "Epidemic cerebrotime and causation), Typhoid fever (never report "Typhoid pueumonia") Statement of Cause of Death-Name, first, the DISEASE for the same disease. Examples: vicumous? Bronchopneumonia using always the same accepted ("Pneumonia, Cerebrospina

> mus," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anacmia" (merely symptomatic), "Atropby," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. cough; Chronic vulvulur heart disvase; Chronic interstitial "Tumor" for unlignant neoplasms); Measles; Whooping gcs, perilonaeum, etc., Carcinoma, Sorcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic ucid-probably Struck by railway train-accident; Revolver wound to determine definitely. SUICIDAL, OF HOMICIDAL, or as probably sueb, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deates "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Astbenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. (name origin; "Cancer" is less definite; avoid use of or misearriage as "Puerperal septichaemia," "Old Age," "Shock," "Uracmia," "Weakness, The contributory (secondary or intercur-Examples: Accidental drowning; State cause for which Never report mere (Recommendations

tions answered in detail, it will prevent further correspond-If this certificate is booked over thoroughly and all quee-All the data is essential and must be obtained before

on No.

If this certificate in dean, tions answered in dean, ence. All the data is essential the certificate is permanently filed.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND  (28)  CERTIFICATE OF DEATH
County Worchister	2.00
0 0000	Registration Dist. No.
Village or City Clantily (No	St; Ward)  [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenale A COLOR OR BACE MARRIED, Married MARRIED, Married MARRIED (WIDOWED ON STATE OF STATE O	18 DATE OF DEATH Feb 3 4, 1948 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day), 1897	that I last saw her alive on Feb 2 2 1919,
7 AGE / It LESS than 1 day, hrs.	and that death occurred on the date stated above, at M. m.
21 yrs 11 mos 22 ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or	A Maria Mari
naticular kind of work  (b) Seneral nature of ladustry	
business, or establishment in which employer (or employer)	(Ourstion) yrs. 6 mor. 6s.
BIRTHPLACE (State or country) manhand.	Contributory Secondary  (Burstien). yrs. mes. 6s.
10 NAME OF Levin Whyatt	(Signed) Till Townsland
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means or Injury: and (2) whether Accidental.
of MOTHER amil garvis	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Manyland	At place is the of death yre mos is State, yre mas de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not all place of death?
(Informant)	Former or soul residence
(Address)	Janlowill Churchen Jeb 5 , 1917
Fled Rich 3/ 1919 Jas H Munford.	20 YNDERTAKER  4. W. Busback Bulin And
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Resith
Association.]

6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Cwil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housemaid, etc. If the occupation has been changed of the second statement. mobile factory. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-The material worked on may form part Never return If retired from "Laborer," (b) Auto-Civil

CAUSING NEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feter (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Branchopneumonia ("Pneumonia," menine-wnqualified, is indefinite); Tuberculosis of lungs, menine-

genital," "Senile," etc.), "Dropsy." "Exhaustion," "Heart failure," "Heeniorrhage." "Inanition," "Maras-"Anvenia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" chopneumonia (secondary), 10 de. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, telanus) may be stated head-homicide; Poisoned by Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-birth or miscarriage as "PUERPERAL septichacomia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uramia," "Weakness," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), \$9 ds.; Bronrent) affection need not be stated unless important. mephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, The contributory (secondary or intercur-State cause for which carbolic Never report mere (Recommendations acid-probably ("Con-



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STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No.

----Ward)

f if death accorred to

PHYSICIANS t statement of

PLACE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Scrvant, Cook, employed, as Al school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housemobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Form laborer, Laborer mill; (a) Salesman, (b) Groccry; (o) Foreman, especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business, that fact may be indicated thus! Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers first line will be sufficient, e. g., Farmer or Planter, Physiknow (a) the kind of work and also (b) the nature of the for many occupations a single word or term on the -Coal mine, ctc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, Women at home, who are engaged in engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menipulational description of the preumonia, and and all the preumonia is indefinite); Tuberculosis of lungs, menipulation of the preumonia indefinite);

and consequences (e. g., sepsis, telanus) may be stated surgical operation was undertaken. For violent deaths genital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull Struck to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "Puerperal perilonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Mensles, Whooping birth or miscarriage -homicide; Poisoned by carbolic ucid-probably Always qualify all diseases resulting from childby railway train-accident; Revolver wound The contributory (secondary or intercuras "PUERPERAL scptichaemia, 10 ds. Never report mere



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BINDING

FOR

RESERVED

MARG

1 PLACE OF DEATH	STATE OF MARYLAND	
WORCESTER	CERTIFICATE OF DEATH	
Mean 03190	Registration Dist. No. 367	
Village or City SNOW HILL (No. , )	St.; Ward)  [If death occurred in a hospital or incittution, give its HAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Term   Acolog of Page   5 SINGLE   7	16 DATE OF DEATH 5 15 6 9	
m_ Col- Widowed Surg	(Month) (Day) (Year)	
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from	
(Month) (Day) (Year)	that I last saw h alive on, 191,	
7 AGE If LESS than	and that death occurred on the date stated above, atm.	
rrs mos 2 krs. or mln?	The CAUSE OF DEATH * was as follows:	
BOCCUPATION (a) Trade, profession, or none	mother son heer	
particular kind of work		
(b) General nature of industry business, or establishment in	(Suretion) vre. mos. de.	
which employed (or employer)	Contributory Mollier injured	
9 BIRTHPLACE (State or country) Worcester 6-	Secondary	
10 NAME OF CORPORATION OF STATE OF STAT	(Signed) Restay Servel - L. Reg. 347 M. C.	
U 11 BIRTHPLACE BU - O	3/26, 191 9 (Address) Leconthell.	
Z OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, stato (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIBAL.	
of MOTHER Maria Marleie	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At pisce in the of desth	
13 BIRTHPLACE OF MOTHER (State or country)		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not all piece of death?	
(Informant) acob Ocelos	Former or usual realdance	
(Address) Serow fill ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2/26 1919	
16 5/26 1919 LERoy Swith	20 UNDERTAKER ADDRESS	
REGISTRAR	Walter Jurull Suowfill	
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1	

[Approved by U. S. Consus Assortation. American Public Health

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Furm laborer, Laborer "Foreman," "Manager," "Penier. only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective ness of various pursuits can be known. The question business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook the duties of the household only (not paid Housekeepers of the second statement. mobile factory. is provided for the latter statement; it should be used business or industry. know (a) the kind of work and also (b) the nature of the write None. Housemaid, etc. taken to report specifically For many occupations a single word or term on -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Process statement of occupa-(a) Salesman, (b) ( racery: Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever The material war on may form part If the occupation has been changed and therefore an additional line the occupations of persons No.r return Locomotive off. Foreman, Angen un If retired from engincer, without more "Laborer." (b) Auto-ातेष प्र

spinal meningitis"); Diphtheria (avoid use of "Croup"); CAUSING DEATH (the primary affection with respect to unqualified, is indefinite); Tuberculosis of lungs, menintime and eausation), Typhoid fever (never report fever (the only definite synonym is Statement of Cause of Death-Name, first, the DISEASE for the same disease. pneumonia, Bronchopneumonia ("Pneumonia, using always the same accepted "Typhoid Examples: "Epidemie cerebropneumonia" Cerebrospina

> genital," nius," suicide. The nature of the injury, as fracture of state MEANS OF INJURY and qualify as ACCIDENTAL, lapse, Example: Measles (disease causing death), 29 ds.; Bron-chapmeumunia (seeondary), 10 ds. Never report mere cough; (hronic "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinama, Sarcoma, etc., of . . . . under the head of "Contributory." (Recommendations SCICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonilis," etc. etc., when a definite discase can be ascertained as the "Anacmia" symptoms or terminal conditions, such as "Asthenia, rent) affection need not be stated unless important. on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning. birth or miscarriage "Heart failure," "Haemorrhage," "Inanition," "Marasmephrilis, ctc. (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock." by railway Always qualify all diseases resulting from child-"("oma," "Senile," etc.), "Dropsy," "Exhaustion, (merely symptomatic), The contributory (secondary or intercurvulcular heart disease; Chronic interstitial "Convulsions," "Debility" troin-accident; Revolver as "PUERPERAL septichaemia, "Uraemia," "Weakness, State cause for which "Atrophy," wound ("Con-

1 PLACE OF DEATH STATE OF MARYLAND EXACTLY. PHYSICIANS Bifled. Exact statement of CERTIFICATE OF DEATH Registration Dist. No. fit death occurred in a hospital or institution. give its NAME instead of street and number. ] RECORD classified MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX SINGLE 16 DATE OF DEATH 4 COLOR OR RACE stated MARRIED, WIDOWED (Day) OR DIVORCED Wedler ZOZ properly rtificate EBY CERTIFY, That I attended 6 DATE OF BIRTH should 20 000 (Year) (Month) (Day) 7 AGE If LESS than of and that death occurred on the date stated above, at 11.30 m. may S نعا 1 day, hrs. ack AG CAUSE OF DEATH \* was as follows: min. ? 40 that uo OCCUPATION ed (a) Trade, profession, or indans ons INK particular kind of work 20 Ш (b) General nature of Industry > truro. terms. instructi business, or establishment in carefully which employed (or employer Contributory ES BIRTHPLACE Secondary (State or country) plain See in 10 NAME OF 0 FATHER 0 50 (Signed) pino important ATH 11 BIRTHPLACE ENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, 60 [1] 20 SUICIDAL OF HOMICIDAL.  $\alpha$ 12 MAIDEN NAME. of informatio OF MOTHER PA 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Very OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER State. of daath 49 .....yrs. .....mos. ..... (State or country) should state CAI Where was disease contracted, 14 THE ABOVE IS if not el place of deeth?. Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address' 15 20 UNDERTAKER ADDRESS 00 REGISTRAF 2

1910

(Year)

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

[Appreved by U. S. Cennus and American Public Health Association.]

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

birth symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart diseose; Chronic interstitial under the head of "Contributory." state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates "PUERPERAL perilonilis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Cotlapse," "Coma," "Convulsions," "Debility" ("Con-"Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and eonsequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic ocid-probably Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible cause. Always qualify all diseases resulting from childor miscurriage as "Puerperal septichaemia," "Dropsy," "Uraemia," "Weakness," State cause Never (Recommendations "Exhaustion, report mere for which nound



BINDING

RESERVED

1 PLACE OF DEATH

Villa	age or City Whaleyisle (No.	Registration Dist, No.
	2 FULL NAME Harreit - W	St.; Ward)  a hospital or instituti give its MAME inst of street and numbe
124	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	EXI COLOR OR RACE SINGLE, MARRIED, WIOOWED OR OIVORCED (Write the word)	16 OATE OF OEATH 4 10 , 19 (Month) (Day) (Ye
6 0/	ate of BIRTH applil 26, 1834	HEREBY CERTIFY, That I attended deceased f
TAC	GE (Month) (Day) (Yoar)  It LESS than  1 day, hrs.	and that death occurred on the date stated above, at 70.
8 0	ST yrs mes. ds. OR min.?	The CAUSE OF DEATH * was as follows:
	a) Irade, profession, or	
p8	articular kind of work	
pa (1	b) General nature et industry Islness, er establishment ig	(Duration) 6 yrs. moe
pa (1 9)	b) General nature et industry	Contributory Brokelettis
a B	b) General nature et inéustry Islness, er establishment in hich empleyed (er empleyer)	13. 4.0. L
a B	11 BIRTHPLACE OF FATHER (State or country)  12 BIRTHPLACE OF FATHER (State or country)  13 BIRTHPLACE OF FATHER (State or country)  14 BIRTHPLACE OF FATHER (State or country)  15 BIRTHPLACE OF FATHER (State or country)  16 BIRTHPLACE OF FATHER (State or country)  17 BIRTHPLACE OF FATHER (State or country)	(Signed)  State the Diskase Causing Death, or, in deaths from Violence
pa (1 9)	10 NAME OF FATHER STATE OF FATHER (State or country) May Land  11 BIRTHPLACE OF FATHER (State or Country) May Land  12 MAIDEN NAME OF FACUL Baken  12 MAIDEN NAME OF MOTHER PACKED BAKEN	(Signed)  (Signe
PARENTS 86	10 NAME OF FATHER CONTRY OF MOTHER (State or country)  11 BIRTHPLACE (State or country)  12 MAIOEN NAME OF MOTHER PACKED BAKEN  13 BIRTHPLACE OF MOTHER (State or country)  14 BIRTHPLACE OF MOTHER PACKED BAKEN  15 BIRTHPLACE OF MOTHER PACKED BAKEN  16 BIRTHPLACE OF MOTHER (State or country)  17 MAIOEN NAME OF MOTHER (State or country)  18 BIRTHPLACE OF MOTHER (State or country)  19 MAIOEN NAME OF MOTHER (State or country)	(Signed)  (Signe
PARENTS 86	10 NAME OF FATHER CONTRY (State or country)  11 BIRTHPLACE (State or country)  12 MAIOEN NAME OF MOTHER PACKED BAKEN  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER  14 BIRTHPLACE OF MOTHER  15 BIRTHPLACE OF MOTHER  16 BIRTHPLACE OF MOTHER  17 BIRTHPLACE OF MOTHER  18 BIRTHPLACE OF MOTHER  19 BIRTHPLACE OF MOTHER	(Signed)  (Signe
PARENTS 86	10 NAME OF FATHER MOUNTAS BUILD  11 BIRTHPLACE OF FATHER MOUNTAS BUILD  12 MAIOEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIOEN NAME OF MOTHER (State or country)  15 MATTHPLACE OF MOTHER (State or country)  16 MATTHPLACE OF MOTHER (State or country)  17 MAIOEN NAME OF MOTHER (State or country)  18 BIRTHPLACE OF MOTHER (State or country)  19 BIRTHPLACE OF MOTHER (State or country)  10 NAME OF MOTHER (State or country)  11 BIRTHPLACE OF MOTHER (State or country)  12 MAIOEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	(Signed)  (Signe

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed who receive a definite salary), may be entered as Housewrite None. state occupation at beginning of illness. If retired from taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework; or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Nover return mobile factory. The material worked on may form part mill; (a) Salesman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Lecomotive engineer, Civil engineer, Stationary farman, etc. But in many cases, business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, (b) Grocery; (a) Foreman, "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrogunal fever (the only definite synonym is "Epidemic carefrospinal meningitis"); Diphtheria (avoid use of "Croud"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia"); Lobar pneumonia, is indefinite); Tuberculosis of lungs, meninging the statement of the statement of

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS birth or miscarriage as cause. mus," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Conva," "Convulsions," "Debility" "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopueumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonneum, etc., Carcinoma, Sarcoma, etc., of..... nephritis, ctc. "Tumer" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uracmia," "Weakness, Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," etc.), The contributory (secondary or intercur-"Puerperal septicháemia," "Dropsy," State cause for which acid—probably "Exhaustion," ("Con-

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 4 1919 Poge 6 6 6 1919

V. S. No. 1.

Statement of	County Worcester 0319	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 353
Exact	Village or City Whealeynth (No	St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
EXA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
class	Jemale White SNIGLE, MARRIED, WIDOWED Single (Write the word)	16 DATE OF DEATH HELD.  (Month) (Day) (Year)  (To ) I HEREBY CERTIFY, That I attended deceased from
hould be sta be properly certificate.	6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw here alive on The 8 , 1919,
AGE si it may back of	TAGE If LESS than 1 day, hrs. OR min.?	I will that usath occurred on the date stated above at. 7 / . m.
supplied s, so that	(a) Trade, profession, or sparificular kind of work to use Reefung. (b) General nature of lodustry business, or establishment in	westweet
6 6 6	9 BIRTHPLACE (State or country) / MCAMACO	Contributory Addition y mes ds.
n should be DEATH in p	10 NAME OF FATHER James Hambles  11 BIRTHPLACE OF FATHER (State or country) May land  12 MAIDEN NAME OF FATHER (State or country)	(Signed) (Address) (Address) (State the Dispase Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidals.
of informatio CAUSE OF ON is very In	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
stat SATI	(toformant) Ilstunce 7 00/10	former er usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
V. B.—Every is should OCCUF	FHEO TO 1919 PROGREGISTRAR	Selleyrelle Fet 1, 1919. 20 UNDERTAKER HALSON Selbyville

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the nisease causing nearly, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. nese of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the (a) Salesman, (b) Grocery; (a) Foreman, For persons who have no occupation whatever, Women at home, who are engaged in Never return "Laborer," Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DIREASE CAUSING NEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroannal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croun"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia") unqualified, is indefinite); Tuberculosis of lungs, meninging the present the preumonia of lungs, meninging the lungs of l

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as "Puerpenal perilonitis," etc. State cause for which surgical operation was undertaken. For violent deaths cause. "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the "Anaeniia" (merely symptomatic), "Auropuy,
"Convulsions," "Debility" genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial rent) affection need not be stated unless nephritis, ctc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonneum, etc., Carcinoma, Sarcoma, etc., of..... or miscarriage as "Puerperal septichaemia, Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Dropsy," "Atrophy," "Col-"Exhaustion," ACCIDENTAL, important.

MARGE TENEDROPED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANE	N. B.—Every item of information should be carefully supplied. AGE should be sta should state CAUSE OF DEATH in plain terms, so that it may be properly. OCCUPATION is very important. See instructions on back of certificate.
N L	WITH UNFAD	nould be carefu ATH in plain to tant. See ins
102	WRITE PLAINLY,	of information she CAUSE OF DEP
V. S. No. 1.		N. B.—Every item should stat OCCUPATI

	PLACE OF DEATH	4	STATE OF MAI	RYLAND
Cou	inty Worth	(31)	CERTIFICATE O	F DEATH
Vill	age or City Shorrello (No.		Registration Dis	
Vitt	age or City (No,	400 b	St.;Ward)	[If death occurred in a hospital or institution,
	2 FULL NAME Hung Etta W	ellian	N	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	ME	DICAL CERTIFICATE O	F DEATH
7	exi 4 color or race 5 single, MARRIED, WIDDWED OR DIVORCED (Writs the word)	16 DATE OF DEAT	(Month)	(Day) , 191 <b>9</b>
6 p	ATE OF BIRTH  Mach 18, 1894  (Month) (Day) (Year)	that I last saw	BY CERTIFY, That I, att	cended deceased from
7 A			occurred on the date sta DEATH * was as follow	
100	a) Trade, profession, or Miller Rivy	7.30	Menon	r odululu
DU	b) Geoeral nature of industry Islness, or establishment in hich employed (or employer)	***************************************	(Duretion)	yrs. 10 mos de.
9 B	(State or country) William & Williams	Contributory Secondary	aului	Culmin
10	10 NAME OF Manyland	(Signed)	P. Berling	B mos de.
RENTS	11 BIRTHPLACE OF FATHER (State or country) Wayland	/ Chata the	191. (Address)  DIMMASE CAUSING DNATH, or, it  I) MEANS OF INJURY; and (2)	n deaths from Violent
PAR	12 MAIDEN NAME MANY & Powell	SUICINAL OF HOL	GIODAL.	
	13 BIRTHPLACE OF MOTHER (State or country) Manyland	OR RECENT RESI At piece of dosthyrs. Whore wes disease cont	In thede. State, .	yrsde.
14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Welliam & Welliam	if not et pisco of doat! Former or		••••••••••••••••••••••••
	(Address) Selby ville Del	19 PLACE OF BUR	IAL OR REMOVAL	DATE OF BURIAL
16 File	ed Let 3, 1919 Dogue.	20 UNDERTAKER	ur :	ADDRESS )
	REGISTRAR	(Pitol	yairm	selly ville
1	If more blanks are needed, address State Registrar, 1	w. Saratoga St., Ba	ito., Requesting V. S. No. 1.	0 0 0

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-Housemaid, ctc. If the occupation has been changed the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in But in many cases, (b) Auto-

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Every Item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, se that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING INK-THIS IS RESERVED UNFADING PLAINLY. WRITE

	FOLL NAME
	PERSONAL AND STATISTICAL PARTICULARS
ク	When the word
DA	TE OF BIRTH FLEX 24, 1919 (Month) (Day), 1919
AGI	
bus	General nature of industry iness, or establishment in the employed (or employer)  RTHPLACE (State or country)
	10 NAME OF FATHER
	MM. X. Millians
	"BIRTHPLACE OF FATHER (State or country)
LANGING	11 BIRTHPLACE OF FATHER

STATE	OF	M	ARY	LAND
CERTIFIC	CAT	E	OF	DEATH

Registration Dist. No.

150

if more blanks are needed address State Registrar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

St; Ward)	[It death occurred to a hospital or institution, give its NAME instead of streat and number.]					
MEDICAL CERTIFICATE OF DEATH						
DATE OF DEATH (Month)	24, 1919 (Day) (Yest)					
that I last saw howalive on the date st	tended deceased from 19.9, 1919, 1919, ated above, at///////, m.					
Contributory Secondary (Burdton)						
Signed)  191  Style the Dishase Causing Death, or Causes state (1) Means of Injury; and Suicidal or Homicidal.	in deaths from Violent (2) whether Accidental.					
O LENGTH OF RESIDENCE (FOR HOSPITALS. OR RECENT RESIDENTS) At place in the of desth	SNSTITUTIONS, TRANSIENTS,					
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL					
O UNDERTAKER	ADDRESS					

B. No. 1.

Z.B.

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH write None business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more Housemaid, etc. If the occupation has been changed who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekespers precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the eian. Compositor, Architect, Locomotive engineer, angineer, Stationery fireman, etc. But in many applies to each and every person, prespective of business or industry, and therefore an additional line especially in industrial employments, it is necessary be first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form park Women at home, who are engaged in But in many cases, (b) Auto-

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